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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATIONS*

Central and Eastern Europe region

SUMMARY

The present document contains recommendations for funding programmes in the Central and Eastern Europe region with annual planning levels not exceeding $1,000,000. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Armenia	5 000 000	6 500 000	1995-1999
Azerbaijan	5 000 000	6 500 000	1995-1999
Romania	5 000 000	7 500 000	1995-1999

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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I. ARMENIA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	1.1
U5MR (per 1,000 live births)	33
IMR (per 1,000 live births)	28
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1988)	..
Literacy (% male/female) (1989)	99/98
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita (1992)	$780

One-year-olds fully immunized against (1992):

tuberculosis:	88 per cent
diphtheria/pertussis/tetanus:	85 per cent
measles:	93 per cent
poliomyelitis:	92 per cent

Pregnant women immunized against:

tetanus:	.. per cent

The situation of children and women

1. Armenia, the smallest of the states of the former Soviet Union, is a land-locked and mountainous country. The country has a population of approximately 3.5 million people, one third living in Yerevan, the capital, another third in other urban areas and the remainder in sparsely populated rural areas.

2. Since the end of 1988, Armenia has been in a state of continuing crisis as a result of a major earthquake that claimed 25,000 victims and rendered 500,000 million people homeless. The six year territorial conflict with Azerbaijan over Nagorno Karabakh has made Armenia host to 300,000 refugees and 80,000 displaced persons from towns and villages in the east.

3. Although large numbers of people receive remittances from relatives living abroad, Armenia is the most affected of the countries of the Caucasus. The blockade of Armenia by neighbouring countries, together with ethnic clashes in Georgia, have cut off oil and gas supplies and interrupted normal lines of communications to and from its trading partners. Thus, Armenia is in a stranglehold - all international borders are closed except the one to Georgia. Industry has ground to a halt, with massive unemployment, rapid inflation and a deficit of well over one half its gross domestic product. Over 1 million people in Armenia (33 per cent) are economically vulnerable; most live in urban areas.

4. In this national context, the situation of children has worsened significantly in 1993 and 1994. Large numbers of schoolchildren are prevented from enrolling in school or attending school regularly. The severe shortage of school supplies, including textbooks, has affected most schoolchildren. Many

schools are in urgent need of repair and lack both furniture and fuel for heating; school meals have also been curtailed due to budgetary constraints. The World Food Programme (WFP) has targeted almost one sixth of the population for food aid, with primary school children being the largest group in need.

5. Among the most urgent problems to be addressed are rising infection and disease rates owing to a breakdown in hygiene and sanitation, incomplete immunization coverage and a chronic shortage of essential drugs and medical supplies. Armenia has always been dependent on imported medicine and, because of a lack of foreign exchange, now relies largely on donated pharmaceutical goods, vaccines and medical supplies. Mortality rates have increased and the risk of epidemics is high due to poor sanitary conditions.

6. Acute respiratory infections (ARI) cause over one quarter of infant deaths and diarrhoea causes over one sixth. Oral rehydration salts (ORS) are used, but they are in short supply. National immunization coverage of all expanded programme on immunization (EPI) antigens during the last five years ranged from 77 to 95 per cent. However, these national averages mask disparities among districts. A number of districts have only 45 to 50 per cent of children fully immunized, and children with questionable contra-indications are omitted altogether. Coverage of infants also appears to be overstated by 10 per cent because of counting doses going to children over one year of age, impotent serum and error in estimates of the numbers of births, particularly among refugee populations. Unfortunately, there has been a steady decline in breast-feeding since 1988 when 65 per cent of mothers were breast-feeding their children at four months; by 1992 this had declined almost by one half.

7. Women especially have borne the burden of economic transition. Nearly three quarters of unemployed, non-farm workers are women. They are burdened with caring for their families with reduced incomes, shortages of affordable food and coping with the cold of unheated homes that creates stress and illness in the family. The closing of the schools in winter has meant leaving the children of working women unattended. As contraceptive prevalence is one of the lowest in the region, women have high rates of abortion since it is used as a contraceptive method. This leads to high rates of maternal mortality. Women are underrepresented in senior decision-making positions; not one woman is among the 19 ministers of Government. In parliament, less than 4 per cent, or only 9, of the 249 parliamentarians are women.

8. There are many shortfalls and weaknesses in drinking water and sewerage systems. Pipes and the tanks are generally oversized; the quality of the construction is poor and water pools and reservoirs are deteriorating. A low supply of chlorine for purification represents a potential health threat. Due to shortages of electricity, fuel, spare parts and equipment, existing large-scale schemes rapidly become unmanageable, and many extensions towards peripheral villages are not operational. Central aqueducts are fed with water for only a few hours daily.

Programme cooperation, 1993-1994

9. In 1993, a country programme of cooperation in Armenia was approved by the Executive Board for the period 1993-1994 with an allocation of $2,000,000 in general resources and $2,000,000 in supplementary funds E/ICEF/1993/P/L.22). The general resources funds were fully expended during the programme period as were funds received from emergency appeals which amounted to $914,819 in 1993 and $1,646,690 in 1994.

10. This first programme of cooperation was by necessity an emergency programme to prevent a deterioration in the survival and development of children and women. However, this programme provided a bridge between emergency assistance

and longer-term development, and secured resources to implement both. The emphasis was on ensuring that emergency supplies such as essential drugs, vaccines, food for supplemental feeding, winter clothing and educational supplies reached the target population. The blockade of Armenia forced UNICEF to use air transport as well as roads and waterways with special security precautions.

11. The main focus of the inherited, former Soviet health system was on hospital and curative care. A new approach has been initiated to change this focus to preventive services and polyclinics at the community level. Maternal and child health (MCH) support has included emergency delivery of essential medical supplies through children's polyclinics and maternities to alleviate serious shortages and to deliver primary health care (PHC) services to the most vulnerable groups.

12. The immunization programme, which had stopped in 1993 due to a lack of vaccines, was restarted with the provision by UNICEF of vaccines and strengthening of the cold chain. A countrywide EPI coverage plan was prepared to streamline the programme. A significant outbreak of diphtheria and several new cases of polio occurred in 1994, but these were traced to outside origins.

13. Significant measures were taken for the control of diarrhoeal diseases (CDD) and child deaths due to dehydration and ARI through community education and the promotion of family knowledge on how to treat diarrhoea at home using oral rehydration therapy (ORT) and ORS and training in case management. The trainers are assigned throughout the country to continue training in rural polyclinics. UNICEF and the office of the United Nations High Commissioner for Refugees (UNHCR) conducted a study of the medical needs of refugees and provided support so that clinics could also serve the needs of the refugee population.

14. A Baby-Friendly Hospital Initiative (BFHI) plan of action was formulated and the training of hospital managers and supervisory staff was completed throughout the country.

15. Learning and teaching aids and other classroom materials as well as clothing and bed-kits were distributed to kindergartens, schools and institutions caring for children, as well as fuel for heating these institutions. A needs assessment in the education sector was carried out, including proposed changes in the curriculum to incorporate new approaches and teaching methods.

16. The booklet "Rights of the Child" was translated and printed. The first edition was distributed to the civil service at all administrative levels. UNICEF supports a monthly bilingual Armenian and Russian newspaper supplement to the biggest newspaper "Republica", entitled "UNICEF and YOU".

Recommended programme cooperation, 1995-1999

Estimated expenditure

(In thousands of United States dollars)

General resources	1995	1996	1997	1998	1999	Total
Health and nutrition	270	270	260	260	240	1 300
Children in especially difficult circumstances	290	280	270	240	220	1 300
Education	200	200	200	200	200	1 000
Water supply and sanitation	120	120	120	120	120	600
Planning, monitoring and evaluation	70	70	70	70	70	350
Programme support	90	90	90	90	90	450
Subtotal	1 040	1 030	1 010	980	940	5 000
Supplementary funding						
Health and nutrition	360	350	340	330	320	1 700
Children in especially difficult circumstances	320	310	300	290	280	1 500
Education	260	260	260	260	260	1 300
Water supply and sanitation	180	180	180	180	180	900
Planning, monitoring and evaluation	130	130	150	120	120	650
Programme support	90	90	90	90	90	450
Subtotal	1 340	1 320	1 320	1 270	1 250	6 500
Total	2 380	2 350	2 330	2 250	2 190	11 500

Programme objectives

17. The country programme objectives are to ensure that (a) critical basic services for children and women continue to be accessible to them; (b) inherited structures of the former Soviet system for the services of women and children are maintained until more cost-effective and efficient ones can be developed; and (c) improvements are made in the quality of basic services. The situation analysis concluded that the World Summit for Children goals will be achieved for a majority of the population provided the present crisis conditions can be overcome. However, these achievements will be more difficult for displaced and refugee children.

Programme strategies

18. The country programme will continue to pursue emergency strategies to prevent death and disease among children and women. However, at the same time, the cooperation will pursue a parallel strategy of promoting and supporting long-term sustainable programmes.

19. The strategies will aim to do this through selective programmes and projects which make optional use of Armenia's high level of education and social services infrastructure. The priority for service delivery will be the most vulnerable groups. Opportunities will be sought to introduce new practices, existing systems will be modified to make them more efficient and knowledge and experiences of successful programmes and policies in other countries will be shared. These approches can have a major impact because Armenia has the capacity to use new ideas and approaches quickly and implement them on a large scale. This will be done at the national level in the form of government policy reform and programme implementation, and will complement the participation of people and communities in decision-making for their own needs. As part of a thrust towards decentralization, the Government is strengthening the capacity of district- and community-level structures and institutions. The proposed country programme builds on this positive trend and aims to develop capacities and reorientate policies towards community-based approaches.

20. Conservative estimates made by the World Bank predict that Armenia will need at least the rest of the decade to regain the level of development it had at independence. Therefore, UNICEF will be selective and support those programmes which either will have a rapid impact on the well-being of children and women or can be partly or fully sustained within five years. This means that (a) government organizations should receive immediate help to restructure and reform; (b) a preparedness component should be built into national programmes to give them the necessary flexibility to respond to emergencies should they occur; (c) supply assistance will gradually diminish in favour of assistance for sustainability and reimbursable procurement on behalf of the Government; (d) local training of key government staff in planning, implementation and monitoring of programme progress and the revision of major professional training syllabuses will be a priority; and (e) a major emphasis will be placed on international experience and information exchange to learn from successes and on the strengthening of social indicators, their measurement, use and dissemination. There will be annual plans of action, together with annual reviews and revisions and updates of the situation analysis.

21. Two innovative approaches will organize national-level programmes and projects into a manageable framework for nationwide implementation. These two approaches are (a) the healthy village and (b) skills for life. These two approaches taken together should lead to a balanced development of each type of basic service and will strengthen community participation in programme implementation.

22. The main objective of the healthy village approach is to provide a cost-effective, affordable package of basic services with a focus on prevention to rural village that are most in need. These approaches use PHC elements as a framework with a focus on meeting basic health, nutrition, water supply, sanitation and education needs of children through village polyclinics, schools and water authorities and other village institutions. Schools will be important agents of change as teachers and students will take new knowledge on child survival, protection and development back into their families and communities.

23. The principal focus is on preventive and promotive services, e.g. improved primary education to attract children and prevent drop-outs. A village survey will be carried out with extensive community involvement and the participation of service agencies to identify needs, establish programme priorities and prepare programmes. Some other services will include immunization, essential drugs for polyclinics and early treatment and control of ARI and diarrhoeal diseases - the two leading causes of child deaths.

24. Basic services for the healthy village approach will also include safe motherhood services, the promotion of breast-feeding and BFHI, universal salt

iodization to eliminate iodine deficiency disorders (IDD) and the prevention of iron deficiency anaemia among pregnant women and young children. Growth monitoring and promotion will be introduced into outreach activities to homes with a focus on health and nutrition activities for all family members. The upgrading of village water supply and sanitation services will cover all underserved villages, i.e., those which are not included in the national water distribution system.

25. Monitoring to track the status of health villages with respect to all pertinent indicators will be an essential activity. Monitoring will be undertaken through epidemiological centres in every district and other community institutions such as schools. Awards for the community performances will be given annually.

26. In support of the healthy village approach, a package of "skills for life" will be developed and included in training syllabuses of teachers, health and social workers, and schoolchildren in pre-schools, kindergartens, primary and secondary schools. The package will adapt Facts for Life to the Armenian context, teach survival strategies and provide information about "the healthy village", its approaches and strategies, and provide practical guidelines with implications for each age-group among children as well as implications for family life. The same package will also be addressed to families.

27. UNICEF will support the Government in preparing a national plan of action, monitoring the Convention on the Rights of Child and revising national legislation to meet the articles of the Convention. A booklet on the Rights of the Child in Armenian will be distributed to all institutions and schools.

Health and nutrition

28. The programme focuses on achieving and sustaining the goals set by the World Summit for Children. The objective is to improve health policy so that it better serves the needs of children and women in rural areas by focusing on preventive care through PHC and MCH approaches. The capacity of health organizations will be built up and PHC will be strengthened through continuing training of health workers to promote preventive care, e.g. growth promotion; improving recording, reporting and data analysis systems; developing standardized diagnosis and treatment guidelines; and implementing health education services for major health hazards such as ARI and diarrhoeal diseases.

29. UNICEF will continue to provide vaccines, syringes and needles, cold-chain equipment and other EPI supplies; gradually the Government should be able to take over the procurement of all vaccines. The UNICEF role would then be limited to the reimbursable procurement of vaccines. Special coverage strategies will be implemented to prevent epidemics of diphtheria and outbreaks of polio. The promotion of ORT among children under five years of age will be pursued through mass media campaigns as part of the healthy village approach. Week-long promotions for ORT, which will also publicize the need for adequate sanitation, hygiene and clean drinking water, will be organized in communities. All health staff will be trained in correct case management for ARI with appropriate antibiotics and medicines. UNICEF will reach 80 per cent of mothers with basic information regarding ARI.

30. The Armenian salt industry will be supported to restart the iodization of salt for local salt mines which provide salt for Armenia, Georgia and Azerbaijan.

31. The programme will support implementation of the BFHI plan of action developed during the previous programme of cooperation. All health workers who work with children and mothers will receive a reorientation on breast-feeding.

Through the healthy village package and health facilities, all hospitals and maternities will become "baby-friendly". A safe motherhood programme will be developed which will introduce international reproductive health indicators with standard definitions as a basis for developing a data monitoring and evaluation system.

Children in especially difficult circumstances

32. There are many groups of children in especially difficult circumstances who are in need of special services. They include children in institutions, refugee children, disabled children, orphans and children under special psychological stress. Children in the earthquake-prone areas are particularly vulnerable. Psychological rehabilitation services and training of social workers will address the special needs of this target group by using appropriate therapies for each specific group of children, e.g. orphans.

Education

33. Primary education and early childhood development (ECD) programmes aim to provide equal and comprehensive opportunities for children to develop coping mechanisms for protection and care through "skills for life" training.

34. This is a new programme area with still evolving needs which will be analysed and responded to according to priorities identified. Particular attention will be given to the improvement of services and the re-qualification of existing institutions. UNICEF will support the Ministry of Education in introducing needed changes into existing school curricula and assist in training and the production of teaching and learning materials.

Water supply and sanitation

35. This programme will focus on low-cost rural water supply and sanitation services in underserved villages. Communities will be assisted to take responsibility for improving their environmental and hygienic practices and for repairing existing water reservoirs.

Planning, monitoring and evaluation

36. UNICEF is supporting the development of appropriate social indicators and monitoring their reliability and use. Armenia will participate in a special reporting system (MONEE) and collaborate with the United Nations Development Programme (UNDP) to prepare a national human development report. Support to the health information system includes the establishment of a surveillance system at the district level and the revision and development of routine reporting. All programmes will have a built-in monitoring and evaluation mechanism. Programmes will be evaluated in the middle and at the end of the five-year period. The Government will invite donors to participate in these evaluations.

Programme management and inter-agency cooperation

37. All programmes and projects will be implemented through the structures of the government ministries. A resident project officer manages the UNICEF office. A new structure and organigramme has been proposed according to the new country programme, whose costs will be covered by supplementary funds. UNICEF will continue to build strategic partnerships with other United Nations agencies operating in Armenia, particularly WFP, the World Health Organization (WHO), UNHCR and the United Nations Educational, Scientific and Cultural Organization (UNESCO), other international agencies and non-governmental organizations (NGOs), including the European Union, the Red Cross, the Cooperative for American Relief Everywhere, Inc. and the United States Agency for International Development (USAID).

II. AZERBAIJAN

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 yrs)	2.6
U5MR (per 1,000 live births)	52
IMR (per 1,000 live births)	36
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female) (1989)	99/96
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita (1992)	$740
One-year-olds fully immunized against:	
tuberculosis:	94 per cent
diphtheria/pertussis/tetanus:	71 per cent
measles:	84 per cent
poliomyelitis:	70 per cent
Pregnant women immunized against:	
tetanus:	.. per cent

The situation of children and women

38. Azerbaijan has a population of 7.4 million, including 3 million children under the age of 16 years. Azerbaijan has rich reservoirs of oil and natural gas. However, the country's children and women are in dire need due to crisis - a harsh war with Armenia since 1988, disruption of trade with the republics of the former Soviet Union and sharp declines in production as industries lack sufficient raw materials and suffer from malfunctioning equipment. Declining harvests and government budgetary constraints also impose a heavy toll on people.

39. Inflation, estimated at 50 per cent a month, is pushing most Azeris into poverty. Close to 90 per cent of the population face a struggle for survival. The price of bread for a family of five is currently $10 a month. Minimum wages, pensions, and family and child allowances have been discontinued or are inadequate to provide even basic food. Survival depends on meagre family reserves, the sale of possessions, humanitarian assistance and the creative use of bartering.

40. Nagorno-Karabakh is an autonomous mountainous region within Azerbaijan, populated largely by Armenians, whose declaration of independence resulted in the current conflict with Armenia. The war has left more than 20,000 dead and 100,000 wounded. Seven hundred towns and villages and scores of public facilities have been destroyed. Economic restructuring has been delayed. A cease-fire agreement has been largely respected, but a peace treaty is still being negotiated. An enormous task will be to resettle refugees and displaced persons. One fifth of the territory, including agriculturally rich land, has been lost.

41. More than a century of poorly controlled drilling for oil on land and offshore has hurt the environment. Azerbaijan has very serious air pollution and a high incidence of respiratory ailments. Water is polluted and increasingly unsafe because of a shortage of treatment chemicals and deteriorating water systems. A recent agreement between the Government and a consortium of international oil companies is expected to revitalize the economy.

42. About 1.2 million people, 70 per cent of whom are women, children and the elderly, have been displaced from their homes or are refugees. Many live in appallingly crowded and unsanitary conditions. Children are exposed to infections and have been traumatized by armed conflict and displacement. Schooling has been interrupted and health care is limited. Recent outbreaks of vaccine-preventable diseases reflect the deterioration of immunization services. Measles morbidity increased by 300 per cent in 1993. A threefold increase in diphtheria deaths occurred between 1992 and 1994. Outbreaks of polio and cholera were also reported.

43. The infant mortality rate (IMR), which had been reduced to 29 deaths per 1,000 live births in 1990, was reported at 36 in 1993. The under-five mortality rate (U5MR) increased from 35 to 52 per 1,000 live births. Acute respiratory diseases have taken a high toll on infants and children and could become more prominent as a consequence of inadequate food, housing and protection. The deterioration of sanitary conditions have led to increasing cases of diarrhoeal diseases including salmonella and shigella.

44. It is estimated that the maternal mortality rate (MMR), which declined during the 1980s, has almost doubled from 18 per 100,000 live births in 1992 to 34 in 1993. Prenatal care is deteriorating and an increasing number of women are reported to be delivering at home. An increase in premature births as well as a fourfold increase in low-birth-weight babies due to poorer maternal nutrition and antenatal care, and psychological stress among pregnant women have been reported. Less than 2 per cent of women of reproductive age use modern contraceptives. Although reported abortion rates are low, health workers suggest that abortion is significantly underreported.

45. Breast-feeding, traditionally widespread, has declined significantly. In 1993, only 43 per cent of babies were breast-fed until three months old. Delivery and post-delivery practices in maternities do not encourage breast-feeding nor sufficiently promote bonding between mother and infant. Babies are separated from mothers and brought for feeding on rigid schedules. Hospital staff discourage breast-feeding based on pseudo-scientific reasons.

46. The health system is at risk of collapse due to managerial weaknesses, outdated practices, shortages of pharmaceuticals, malfunctioning equipment and poorly motivated and paid health workers. Private fee-for-service practice is widespread, although not officially sanctioned. Decentralization of budgetary authority to individual health institutions is planned by the Ministry of Health, but has not yet occurred.

47. The educational system, previously a high priority, suffers from a lack of finances, demoralized personnel, managerial inefficiency, inappropriate curricula and insufficient textbooks and basic supplies. All of this endangers the sustainability of virtual universal literacy. Alternative education for displaced children or for those who no longer have access to schools are top priorities.

Programme cooperation, 1993-1994

48. The UNICEF Emergency Programme Fund provided emergency supplies and vaccines in 1993. In May 1993, the UNICEF Executive Board approved the first

country programme for Azerbaijan for the period 1993-1994 with an allocation of $1,000,000 per year each from general resources and supplementary funding (E/ICEF/1993/P/L.23). Consolidated United Nations Emergency Appeals were also launched in June 1993 and March 1994 by the United Nations Department of Humanitarian Affairs (DHA) for the refugees and displaced populations. As a result, UNICEF assistance comprised about $3,000,000 for essential drugs and medical supplies. Initially, the UNICEF Geneva Office handled programme implementation with support of consultants stationed in Baku. In early 1994, the UNICEF Azerbaijan Office became fully operational with the appointment of a resident programme officer.

49. The first country programme for Azerbaijan had two major objectives: (a) to provide timely relief supplies to vulnerable groups facing extremely difficult circumstances; and (b) to lay the groundwork for a sustainable country programme. Essential drugs for medical emergencies were provided rapidly through the Ministry of Health. Vaccines were supplied and three intensive immunization campaigns were organized for all children under three years of age. No new cases of diphtheria were reported among immunized children.

50. To prepare a foundation for a rehabilitation effort, an analysis of the situation of children was undertaken. High priority child health and education problems were assessed. Collaboratively with WHO, several workshops and training programmes on ARI, IDD, EPI and BFHI were organized. Technical consultations produced recommendations on cold-chain maintenance, vaccination schedules, health education and IDD prevention as a basis for new programme activities.

Lessons learned

51. UNICEF assistance for critically needed supplies has been a good entry point for initial cooperation with the Government. Joint Government/UNICEF planning of emergency interventions became a sound basis for medium- and longer-term collaborative programming. The new programme of cooperation should continue to include an emergency component, while introducing activities that focus on policy reform and capacity-building.

52. Most external assistance is channelled under a category of humanitarian assistance mainly for 20 per cent of the population directly affected by armed conflict. Thus, there has been a tendency to neglect problems affecting the remaining 80 per cent of the population who have to cope with unemployment, dwindling incomes, and high prices for food, medical care and schooling as public services collapse.

53. Constraints to programme implementation in the current volatile country environment may continue for some time. Innovative approaches are required to improve motivation of public workers and organizational capacity to be able to adapt quickly and creatively to changes and emerging needs. Advocacy, social mobilization and an expanding network of NGOs will also be key to future programme successes.

Recommended programme cooperation, 1995-1999

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1995	1996	1997	1998	1999	Total
Emergency (displaced persons)	100	100	100	100	100	500
Health	400	400	400	400	400	2 000
Education	150	150	150	150	150	750
Advocacy and social mobilization	50	50	50	50	50	250
Research, monitoring and evaluation	50	50	50	50	50	250
Programme support	250	250	250	250	250	1 250
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Supplementary funding						
Emergency (displaced persons)	550	550	550	550	550	2 750
Health	500	500	500	500	500	2 500
Education	250	250	250	250	250	1 250
Subtotal	1 300	1 300	1 300	1 300	1 300	6 500
Total	2 300	2 300	2 300	2 300	2 300	11 500

Objectives and strategies

54. UNICEF organized a series of consultancies in 1994 to formulate programme strategies to address sectoral needs. The major objectives will be (a) to arrest the increasing trend of IMR, U5MR and MMR, with a shorter-term related objective focusing on the achievement of the mid-decade goals in the first year of programme implementation; (b) to prevent the further decline in access and quality and promote appropriate educational reform; (c) to strengthen social sector policies and assist in the development and implementation of a national programme of action (NPA) for children; and (d) to help the country achieve the decade goals by 1999 for the longer-term.

55. The country programme strategy and its core principles on which the Government and UNICEF are building their cooperation draw on the Convention on the Rights of the Child. In addition, programme experiences during 1993-1994 will guide the new country programmes strategy. The proposed programme of cooperation will balance emergency assistance to alleviate immediate basic needs with rehabilitation and longer-term development for children and women. The expeditious delivery of urgently needed drugs, supplies and equipment, in collaboration with government, United Nations and NGO partners for distribution to crisis areas, will continue.

56. Empowering individuals, families and communities to become more responsible for children's well-being, previously mainly a government responsibility, is the second cornerstone of the strategy. Public information and education will introduce the principles of the Convention on the Rights of the Child.

57. Upgrading technical and managerial skills of child health, education and welfare personnel will strengthen capacity. As personnel at regional and local

levels will assume more responsibility for several services, new more cost-effective approaches will be promoted and sustained.

58. Advocacy for children and families will be critical elements of the programme strategy. UNICEF will encourage various forms of collaboration among the Government, NGOs, the media and other institutions to improve the situation of children. Development of an NPA should open the way for new multisectoral collaboration, e.g. the promotion of safe motherhood. An NPA would be a useful framework for planning and implementing reforms and for setting social priorities for children during economic transition. An NPA will also provide a sound framework for mobilizing much needed donor contributions and for guiding the allocation of both national and donor resources. Multisectoral planning for the NPA, still an unfamiliar practice in the country, will require support and technical assistance.

59. Three main thrusts would be emergency services, especially for displaced persons and refugees; health for revitalization of systems; and education. A cross-cutting programme is research, monitoring and evaluation combined with advocacy and social mobilization. Supplementary funding will largely support emergency activities, while activities related to the health and education programmes will be supported from a combination of general resources and supplementary funds.

Emergency

60. UNICEF will continue to provide and stockpile essential drugs and health equipment. Strengthening the health monitoring system in emergency areas to respond rapidly to needs will be a priority. In cooperation with WFP, WHO, local universities and other relevant institutions, UNICEF will support periodic nutrition surveys and provide micronutrients. Antibiotics and other life-saving drugs will be provided to treat and prevent disease outbreaks. Training will cover the control of communicable diseases and epidemiological surveillance. Supplementary funding will be used to provide vaccines and basic drugs on an emergency basis.

61. In crowded camps and collective centres for refugees and displaced populations, UNICEF will continue to provide disinfectants, hygienic supplies, and water purification materials as well as ORS. UNICEF will provide warm clothes and shoes and recreational materials for families. In collaboration with the Ministry of Health, NGOs and WHO, UNICEF will also promote health education campaigns in the camps.

62. UNICEF will continue to assist the Ministry of Education with the supply of basic learning materials such as exercise books, pencils and textbooks to displaced children. Skilled people among the displaced will be identified to run classes. In order to prevent and alleviate psychological and emotional disturbances which plague many children as a result of the armed conflict, UNICEF will help establish psycho-social counselling services. The development and adaptation of learning materials which introduce elements of conflict resolution, tolerance, peace education, solidarity and human rights will also be supported.

63. The influx of displaced persons has precipitated a flow of vagrant children into cities. UNICEF will support studies on causes and cases and the extent of children in difficult circumstances, e.g. street children, children in armed conflict, children and labour, orphans, disabled children, children subject to physical and sexual abuse, and children in prison. These studies will help to improve services for these children and prevent an increase of children in especially difficult circumstances.

Health

64. UNICEF cooperation with the Government will be complementary to the roles of donors in the effort to revitalize health care. Policy makers will be assisted in translating the goal of health reform into tangible plans through exchanges of information on reforms in other countries, e.g. health insurance and cost-sharing. Technical consultations, seminars, study visits and the dissemination of documentation will be supported.

65. Reforms will be supported initially in one urban and one rural area, with their successes leading to nationwide replication. Kuba district, a rural region in the north with the country's highest IMR, comprises 156 villages and a population of 130,000, including 41,000 children. The city of Sumgait, a highly polluted city and the third largest city in Azerbaijan with a population of 400,000 with 100,000 refugees and displaced persons in squalid, crowded squatter settlements, will also participate.

66. UNICEF will support health personnel in Kuba and Sumgait with trials to reduce costs of services, to demonstrate cost-sharing, to decentralize management of budgets and to organize community participation through local health and welfare committees. Health personnel will also be supported to implement programmes for control of ARI and CDD. An essential drugs policy will be tested.

67. UNICEF will cooperate with the Ministry of Health to reinforce primary health services nationwide through a basic package of cost-affordable, interrelated services. EPI, re-established through vaccines and equipment from UNICEF, will address outbreaks of measles, polio and diphtheria. In cooperation with WHO, the cold-chain system will continue to be upgraded and personnel will be retrained in its upkeep and management. Training and advocacy will focus on winning acceptance by health personnel of the WHO recommended schedule for immunizations and reducing the list of contra-indications which covers EPI coverage. The epidemiological surveillance system will be enhanced through the provision of computers and the training of personnel. The provision of vaccines will continue until vaccine self-sufficiency is attained. Most of the activities, particularly strengthening of the cold-chain network, will be covered through supplementary funds.

68. Services for the control of ARI and CDD are being initiated though joint efforts of the Government, WHO, UNICEF and the International Federation of Red Cross (IFRC). Activities will emphasize prevention and cost-effective management of infections without recourse to multiple, risky, expensive drugs and injections. UNICEF will provide essential antibiotics for ARI and adequate supplies of ORS.

69. A safe motherhood programme initiative will aim to stop the increase in maternal mortality and reduce the use of abortion as a contraceptive, in close collaboration with the United Nations Population Fund (UNFPA) and WHO. Media campaigns on the dangers of abortion, the advantages of birth spacing and training in safe motherhood practices will be developed. Maternity kits, essential drugs, basic obstetric equipment and supplies for maternities will be provided.

70. UNICEF will support extensive advocacy and information about breast-feeding and making hospitals and maternities "baby-friendly" and "woman-friendly". Technical assistance and training will support reorganization of maternity services and lactation management. Assessments of the incidence of anaemia and vitamin A and vitamin D deficiencies will be carried out using rapid surveys. UNICEF will also assist the Ministry of Health to develop feasible methods to monitor children's and women's nutrition. Nutrition education and

supplementation with vitamins and iron will be provided in accordance with the survey results.

71. Mild to moderate IDD occurs in 29 of the country's 63 provinces. As almost all salt is imported, UNICEF will advocate for enactment of national legislation to require iodization of imported salt. As most salt is imported from Ukraine, UNICEF cooperation with Ukraine will assist with salt iodization and packaging as this will benefit Azerbaijan. Informing the public through the media about the importance of consuming iodized salt will be a priority. Training of personnel will cover the testing of iodine dosage in salt.

Education

72. The programme's main objectives are to help the Ministry of Education cope with serious shortages of textbooks and school supplies and to support changes in the curriculum appropriate to the new challenges of a changing society. Through contributions of supplementary funds it will be possible to provide large quantities of learning and teaching aids. UNICEF assistance with curriculum reform will cover basic health, development, tolerance of minorities, as well as rights and responsibilities of children, in line with the Convention on the Rights of the Child. Orientation of Ministry of Education officials on issues of efficiency in financing primary education also will be supported. UNICEF will also provide assistance for the improvement and production of reading materials for student-centred lesson plans and teachers' guides and for orientation on utilization of these materials.

73. ECD activities will emphasize empowering parents with the appropriate skills and knowledge through the use of mass media, women's organizations and parents' classes. As many pre-schools and kindergartens have been dismantled, the formative role they once played has devolved to families. Technical assistance to adapt and develop education materials for parents and knowledge, attitudes and practices studies of mothers and caregivers will be supported.

Research, monitoring and evaluation

74. The programme of cooperation envisions selective, strategic investment in operational research and special studies, as well as in monitoring the changing situations of women and children, especially of the most vulnerable groups. Thus, activities to strengthen the capacity of government organizations and key NGOs to undertake rapid assessments and qualitative and quantitative analyses will be supported. Studies will cover micronutrient deficiencies; the impact of declining household food security on nutritional status; sources and use of household income; impact of environmental degradation on health; the situation of children in especially difficult circumstances, especially child victims of war; the role and situation of women; and attitudes to child-care practices. Results of these studies will be widely disseminated and promoted to improve programme implementation and advocacy. Annual reviews with the Government will be held, and a mid-term review in 1997 will evaluate the country programme.

Advocacy and social mobilization

75. Advocacy will play a key role in all country programme activities, especially to ensure that the needs of children are a high priority on the country's political agenda as well as on family agendas. Policy makers will be sensitized to the social dimensions of economic transition, and they will be encouraged to formulate improved economic and social policies such as social safety nets. Implementation of the Convention on the Rights of the Child will be promoted by increasing awareness of policy makers and the public on its provisions. UNICEF will encourage submission of the government's report to the United Nations Committee on Children's Rights, which will help to identify

issues requiring further attention. Support will be given to mass media to more effectively promote the cause of children and women in Azerbaijan's newly democratic society.

Collaboration with other partners

76. UNICEF will continue to collaborate closely with other United Nations and bilateral agencies, especially daily work with the agencies with which it shares a joint office - UNDP, DHA and WFP. NGOs, both national and international, will be important partners for reaching vulnerable groups and advocacy on their behalf. Collaboration with WHO will continue in the development of treatment protocols and in training of health staff, particularly for EPI, ARI/CDD, monitoring of iodization of salt, and developing and promoting essential drugs policies. UNICEF will continue to channel emergency assistance for children through UNHCR to refugee camps. WFP-supplied food-for-work will be utilized to mobilize labour for the construction/rehabilitation of health and education infrastructures, particularly in Kuba and Sumgait. UNFPA will play a key role in mobilization for family planning and will provide contraceptive supplies and technical training. IFRC will continue as an important partner in training health personnel.

Programme management

77. An international resident programme officer leads the country team and oversees the country programme and management of the country office. There will also be an international emergency officer and five national project officers for information and communication, health policy, MCH, emergency and rehabilitation, and education. An administrative officer, a supply assistant, four secretaries and two drivers will complete the staff configuration.

III. ROMANIA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	5.7
U5MR (per 1,000 live births)	29
IMR (per 1,000 live births)	23
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1992)	60
Literacy rate (% male/female) (1992)	99/95
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1991)	90
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita (1992)	$1,130

One-year-olds fully immunized against (1992):

tuberculosis:	99 per cent
diphtheria/pertussis/tetanus:	98 per cent
measles:	91 per cent
poliomyelitis:	92 per cent

Pregnant women immunized against:

tetanus:	.. per cent

The situation of children and women

78. Since 1989, Romania has established democracy, adopted a new Constitution and embarked on the transition to a free market economy. Romania's macroeconomic stabilization programme has had some positive effects, e.g. liberalized exchange market, reduced inflation, stabilized exchange rate, banking reform and some privatization. Existing social protection measures, such as cash allocations for families and the handicapped, have been strengthened. New protection mechanisms, including maternity leave and cash assistance, have been introduced.

79. Even so, new conditions created by the emerging private sector are increasing difficulties in enforcing social protection legislation. The economic transition has had severe consequences for most people. Romanians face a drastic decline in real wages; widespread unemployment, currently at 11 per cent (60 per cent of the total unemployed are women); and rising poverty, with over 60 per cent of children living in families with incomes less than one half of the 1989 average wage.

80. IMR at 23.4 per 1,000 live births, high U5MR at 30.5 per 1,000 live births, the incidence of low birth weight (8 per cent) and the high prevalence of infection with the human immunodeficiency virus (HIV) among children are well above the average for the region. Principal causes of infant mortality are respiratory diseases (37 per cent), perinatal causes (26 per cent) and congenital anomalies (17 per cent). Among children under five years old, respiratory diseases and accidents are the main causes of death. Although Romanian health services report high immunization coverage, mechanisms for

sustainable vaccine procurement are needed. Systems for storage, transport and distribution of vaccines require upgrading.

81. MMR was 60 per 100,000 live births in 1992. The major causes of maternal mortality are unsafe abortions, haemorrhage and infection. Abortions outnumber live births by a ratio of 2.4 to 1. Family planning services are not accessible to the majority of Romanians. Service providers and the general public lack important information about family planning and the risks associated with early, late and frequent childbearing, and 70 per cent of women do not receive adequate prenatal care.

82. While most infants are breast-fed, 78 per cent are introduced to solid food and diary milk before the age of six months. Existing hospital practices inhibit maternal-infant bonding and breast-feeding. The prevalence of anaemia among young children is high (about 50 per cent). The prevalence of IDD is 23 per cent in school-age children. Adequate legislation, improved production of iodized salt and public education activities need to be pursued.

83. After a decrease in 1991 and 1992, partially due to unregulated international adoptions, the number of children in state care rose to 100,000 by June 1994, a figure equal to the 1990 emergency level. Vulnerable families face economic problems which undermine their ability to cope, and alternatives remain scarce. Thus, the institutionalization of children continues. Intercountry adoptions are increasing; at least 60 per cent are in violation of international and national legislation.

84. As education in Romania is compulsory and free, primary school enrolment has been high. However, enrolment rates for minorities, rural children and the poor are significantly below those of other children and seem to be declining.

Programme cooperation, 1993-1994

85. A high-level comprehensive review of the 1993-1994 programme of cooperation was organized in May 1994 involving close to 100 representatives from the Government, NGOs, donors and United Nations agencies. A national strategy meeting was convened concurrently to present the proposed 1995-1996 country programme, under the aegis of the National Committee for Child Protection (NCCP). In addition, to supplement discussions and ensure agreement on a common framework and priorities, sectoral meetings were held with the Government. The analysis of the situation of children and women in Romania also was completed.

86. The Convention on the Rights of the Child serves as a framework for programme activities. UNICEF has worked closely with the interministerial NCCP to improve conditions for children, and in June 1994 the first National Conference on the implementation of the Convention on the Rights of the Child was held with UNICEF support.

87. Collaboration was maintained with United Nations agencies, the European Union and its Poland, Hungary Aid Rehabilitation Economy (PHARE) programme, the World Bank and USAID. This has enabled UNICEF to benefit from their programme experiences and to extend UNICEF advocacy to other important donors. In collaboration with the European Union/PHARE programme and USAID, UNICEF produced and released in mid-1993 a video on, "Child Protection in Romania", to promote a balanced image of the progress in child development and protection. With UNDP, UNICEF is supporting the preparation of a Romanian human development report under the auspices of the Council for Strategy and Economic Reform. Financial support was provided for the publication of a UNESCO-sponsored book on "Women and Transition in Eastern and Central Europe". Cooperation with WHO has focused on MCH. UNICEF also assisted a growing number of Romanian and international NGOs. Collaboration between the UNICEF Romania Office and the Romanian National

Committee for UNICEF is being strengthened, especially for domestic fund-raising initiatives.

Maternal and child health

88. Studies on safe motherhood and reproductive health were conducted by the Institute for Mother and Child with support from UNICEF, WHO and the United States Centers for Disease Control and Prevention. The first Romanian Safe Motherhood Conference was held, and UNICEF and WHO sponsored the first National Congress of Romanian Midwives. Health promotion and education activities were supported through the National Centre for Health Promotion and the Ministry of Health. Workshops for nurses in community practice and family planning were also held. A nutritional surveillance system was implemented to provide periodic evaluations of child nutritional status. A Romanian version of the WHO/UNICEF Statement "Protecting, Promoting and Supporting Breast-feeding" was produced and distributed. A strategy to launch BFHI in Romania was initiated. A workshop for EPI managers produced recommendations to improve on EPI operations. Technical assistance was provided for the rehabilitation of the cold chain and for a study on options for injection equipment and safe disposal and injection practices. Training workshops on methods of syringe sterilization and disposal were organized for nurses and other health personnel.

Family education

89. Activities aimed at equipping families and caregivers with information and skills to improve and maintain the health and welfare of children. Several workshops for the training of trainers in pre-school education, the prevention of acquired immune deficiency syndrome (AIDS) and in the development of a civic society were supported. A core national team in pre-school education has been formed and has independently continued in-service training of personnel. An early education guide and a video were produced, and resource centres for parents were established. A kindergarten curriculum, developed in 1993, went to scale in 1994. A social work education project contributed to university-level professional training. As part of continued support for social work training in Romanian universities in 1993-1994, course materials were translated and distributed, short courses and study tours were organized, and efforts were made to increase the relevance of the social work curriculum to the Romanian context. The first class of social workers in 20 years graduated in 1994. Courses for the HIV/AIDS education and prevention project continued; most training was conducted by Romanian trainers. An evaluation of the project in 1994 was followed by a National Conference on AIDS. UNICEF intensified its support for the training of NGO trainers project with courses for NGOs involved in programmes for children and families. A draft of the Romanian version of Facts for Life was produced, and teams of users have been been trained.

Children with special needs

90. The strengthening of services for children and families project, organized with NCCP and the tutelary authorities, included a two-tier training course for local child protection authorities. Project sites were proposed in preparation for the first phases of implementation. Audio-visual training material was prepared to facilitate the replication of the activities by others. Local initiatives for the integration of disabled children into schools and community living were supported. In cooperation with the Ministry of Education, seminars were organized locally for NGOs, teachers and parents, and a national network of NGOs involved in assistance to the disabled was established. Support for the Romanian Information Clearing-House has continued despite a number of bureaucratic difficulties which undermine its effectiveness. An evaluation produced recommendations with regards to its future role.

Lessons learned

91. During 1993-1994, networks and organizations operating at the community level involving health personnel, educators, social workers, NGOs and the media were strengthened. The new country programme will include them more fully as resources in the family education programme.

92. Sector studies have enabled authorities to base policy decisions on accurate information and move rapidly from assessment to analysis to action. Health education and promotion activities have brought to the forefront the essential role of families and communities in the protection and development of young children.

93. The increase of children in institutional care is the result of a combination of factors at family, community and national levels. Therefore, an integrated approach to child protection is proposed under the new programme. This approach constitutes a major challenge as government responsibility for the child is divided among 10 administrative bodies. Part of past UNICEF assistance was focused on three districts which, together with three sectors in Bucharest, constitute an area-based strategy which links the main sectoral programmes and participants. Judet (county) councils have been identified as likely partners. The strengthening of services for families at risk and of the promotion of alternatives to institutional care will be a priority. Hence, an area-based approach will facilitate linkages and mutual support between initiatives in the children in especially difficult circumstances sector.

94. The absence of general resources has limited the breadth of UNICEF cooperation as contributions for supplementary-funded programmes have tended to focus mainly on children in especially difficult circumstances. The new five-year regular programme proposes the allocation of general resources to the Romania programme. Romania qualifies for general resources as (a) the U5MR is significant at 29 per 1,000 live births; (b) the per capita gross national product is less than 30 other countries already receiving general resources; and (c) there is a large child population aged 0-15 years comprised of 6 million children.

Recommended programme cooperation, 1995-1999

Estimated expenditure

(In thousands of United States dollars)

General resources	1995	1996	1997	1998	1999	Total
Women and child health	266	213	208	203	198	1 088
Family education	244	250	250	250	250	1 244
Children in especially difficult circumstances	212	250	250	250	250	1 212
Planning and social policies	278	287	292	297	302	1 456
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Supplementary funding						
Women and child health	400	433	488	488	488	2 297
Family education	336	434	419	429	439	2 057
Children in especially difficult circumstances	612	583	593	583	573	2 944
Planning and social policies	152	50	-	-	-	202
Subtotal	1 500	1 500	1 500	1 500	1 500	7 500
Total	2 500	2 500	2 500	2 500	2 500	12 500

Programme strategy

95. The new programme will help Romania to (a) achieve the mid-decade and decade goals; (b) sustain the progress that has already been achieved for children in especially difficult circumstances; (c) strengthen information systems to ensure that the monitoring of the progress truly reflects the situation of children and women; and (d) make the NPA operational. The cooperation is organized into four mutually supportive programmes: (a) women and child health; (b) family education; (c) children in especially difficult circumstances; and (d) planning and social policies. The programme strategy is based on the momentum existing in Romania to strengthen preventive care and improve policies for children, women and families. The strategy also will utilize Romania's infrastructure, human resources and many partners in the public sector, NGOs, universities, the donor community and the United Nations system.

96. Capacity-building, especially training needs of health and social care providers, will continue to be a part of UNICEF activities. National conferences on safe motherhood, family planning and well-women services, breast-feeding promotion, prevention of IDD, EPI, Convention on the Rights of the Child and other topics will serve as vehicles to disseminate current and relevant information and research findings to public organizations concerned with children and women. National conferences have proved to be effective catalysts for furthering policy development and inspiring local initiatives to improve public health and child welfare.

97. Complementary and reinforcing to national-level policy development and training activities, community-based models of excellence will be supported to provide innovative approaches for strengthening primary and integrated health

care systems, family education and child protection. These models will demonstrate activities to empower women, youth and families.

Planned programme components

98. Women and child health. Priority will be given to prevention strategies most likely to have the greatest public health impact at the lowest cost, especially interventions to prevent under-five and maternal deaths and morbidity from ARI, diarrhoeal diseases, HIV/AIDS, anaemia and IDD. Information, education and communication (IEC) activities will aim at empowering families to improve nutrition and breast-feeding. Health care providers will be trained in the prevention of low birth weight, growth monitoring and promotion, breast-feeding and BFHI, safe injection techniques, use of ORT and treatment of ARI. Activities to strengthen public health will include salt iodization packaging and distribution systems. Local-level training and educational activities will be linked with policy development and legislative measures at the national level as changes in medical practice are being facilitated by administrative reform. Supplementary funds will be used to complement and expand the scope and geographic coverage of PHC activities, including the safe motherhood initiative, HIV/AIDS prevention and EPI.

99. Activities already under way for eradicating polio and achieving 90 per cent coverage against diphtheria, tetanus, pertussis, measles, polio and tuberculosis will be continued, for example, through strengthening of the cold chain, storage, transport and distribution systems for vaccines, management of record keeping systems, development of injection and needle disposal policy, and AIDS prevention. UNICEF technical assistance for hepatitis B immunization will strengthen EPI through the investigation of cost-recovery mechanisms and the analysis of the costs and options for sustainable, affordable procurement of vaccines.

100. The reduction of maternal mortality will be achieved primarily by preventing maternal deaths due to unsafe abortions. Collaboration with UNFPA on IEC activities will strengthen family planning efforts. Continued support to model programmes will (a) make hospital services "woman-friendly" as well as "baby-friendly" through the promotion of appropriate technology and practices for birth, midwifery care and protocols for obstetrical emergencies; (b) strengthen prenatal care, increase access to services and improve communications between primary care and hospital providers; and (c) improve health education for parents. The prevention of low birth weight will benefit from improved family planning services for birth spacing. Other components will include treatment of anaemia and IDD and protection of maternity benefits.

101. Family education. The objective is to support the development of effective ways to reach families and communities. The strategy is to influence the attitudes and practices of families and service providers and to strengthen child care skills. This strategy of empowerment should contribute to the prevention of abandonment and the reduction of the number of children in institutions by increasing the confidence of the family in their ability to care for their children. The use of supplementary funds will allow for the development of early education, parent education and health education guides and training materials, as well as for the strengthening of local NGOs working in the area of child health and welfare.

102. Activities will include the development and introduction of an interdisciplinary perspective into the curriculum and the training of early childhood and primary school educators, health personnel - particularly nurses and midwives - and social workers. Teaching and learning materials will be designed and incorporated into national personnel training systems. Models of coordination between the public sector and with NGOs will be promoted. The

involvement of key decision makers will enhance the dissemination of information and implementation of new models. The expansion of the education for development concept into the primary education system will be strengthened with its introduction into the first grade.

103. Printed and audio-visual materials and methods for health education, community development and interpersonal communication will be developed. A broad spectrum of partners, including NGOs and the media, will be mobilized to participate. Non-formal education for parents using the Romanian version of Facts for Life will be promoted. Assessment of needs, in collaboration with NGOs, on the situation of vulnerable families, including the Roma (gypsy) population who are most in need of communications and education, will be conducted. The capacity of NGOs to act as resources for non-formal education at the community level will be strengthened. Parent centres for family education will be established in kindergartens and schools. Activities in collaboration with county-level sanitary directorates and health promotion laboratories as well as NGOs for non-formal education on HIV/AIDS prevention will continue.

104. Children in especially difficult circumstances. A twofold objective will include prevention of institutionalization and de-institutionalization of children, and improving legislation on the protection of children in especially difficult circumstances and their families. Activities will follow the model of the 1993-1994 programme, starting with the training of personnel involved in institutional placement of children. The training of trainers will accelerate the expansion of the coverage of services for vulnerable families and help these families to avoid sending their children to institutions. UNICEF will provide technical and material assistance. The integration of children with disabilities, HIV/AIDS-infected children and children in conflict with the law into communities will be pursued. Collaboration with NGOs is a strategy for this activity. Supplementary funds will be sought for the expansion of the integrated area-based approach to cover additional counties, for the training of trainers and for activities in support of improving government efforts to implement the Convention on the Rights of the Child.

105. Over the coming five years, the integrated strategy will be implemented in 15 counties and the six sectors of Bucharest. UNICEF support to capacity-building and decentralization will cover situation analyses, identification of priorities and allocation of resources for the development of county-level NPAs. These efforts will benefit from disagregated data of the Romanian human development report, which is currently under preparation. Other activities will strengthen the review and implementation of legislation on the protection of the rights of the child for both children living in institutions and with their families. UNICEF will continue to be active in monitoring that the rights of the child within the process of intercountry and national adoptions are respected and that appropriate mechanisms for this purpose are operating effectively. Closer collaboration with NCCP will be a key element of this approach. Assistance will include strengthening the capacity of the National Committee for Adoption through training, technical and financial assistance. Advocating for the strict respect of international norms and legislation on intercountry adoption will be a priority.

106. Planning and social policies. The impact of economic adjustment policies on children and families has generated widespread hardships and will be assessed continuously to strengthen social policy and legislation for children. The programme will focus on social indicators, identifying cost-effective opportunities for new databases and improved analysis, presentations and reporting. Advocacy will help to generate sustainable political will and provide support for the development of an NPA for children. National capacity in social statistics will be strengthened through the provision of technical assistance, training and support for publications. The Romanian contribution to

the "Regional Monitoring Report on Public Policy and Social Conditions", produced by the UNICEF International Child Development Centre, and the publication of a parallel national report supported by the UNICEF Romania Office will continue. The updating of the national situation analysis will be carried out. Depending of the availability of supplementary funds, a national school census will be undertaken at the county level. The census would help to promote policies for maintaining quality and equity in education.

107. Monitoring and evaluation. The activities on social policy development and advocacy will enhance the monitoring and evaluation capacity of the Government and UNICEF country office. Information obtained from surveys and studies will be incorporated into the programming process. Regular field visits will assess programme effectiveness and help to make adjustments accordingly. Three NGOs and one university with databases on the situation of children will also be supported.

Cooperation with other organizations

108. Collaboration with the World Bank, the European Union and bilateral agencies, particularly USAID, is reflected in the new programme. A strong congruence between the objectives of the World Bank health loan, the PHARE and social dialogue programmes of the European Union, the USAID SEED Act Assistance Strategy for Romania programme and UNICEF cooperation will help to expand the impact of UNICEF cooperation in a cost-effective manner. UNICEF assistance with the procurement of pharmaceuticals and training of personnel under the World Bank health loan will continue, and activities in health education, BFHI and safe motherhood also will be supported by UNICEF resources. The European Union PHARE programme for child protection and UNICEF cooperation will mutually benefit from complementary activities in legislation, training and research. UNICEF and UNFPA will collaborate in family planning and reproductive health. The health programme has been developed in collaboration with WHO. Activities with NGOs supported by UNICEF, particularly in child protection, will continue.

Programme management and support

109. There is a need to strengthen the staffing of the UNICEF office in Romania with one international information officer post, one national health officer post and four General Service posts. The costs for staff would be covered from general resources, the administrative and programme support budget and supplementary funds. These staff changes would represent an increase in total staff from 10 to 16.